PERFORMANCE WORK STATEMENT

PHARMACY SERVICES AND RELATED SERVICES
FOR THE ARMED FORCES RETIREMENT HOME IN WASHINGTON, DC (AFRH-W)

1. BACKGROUND. The Armed Forces Retirement Home (AFRH) in Washington, DC is a Continuing Care Retirement Community (CCRC). In 1991, the AFRH became an independent Federal agency with the enactment of the Defense Authorization Act, Public Law 101-501. This modern retirement community offers Residential Living, Independent Living Plus, Assisted Living, Long Term Care and Memory Support to our Nation's Veterans. Currently there are approximately 555 residents who live on the campus of the Washington, DC location, located at 3700 North Capitol Street, NW, Washington, DC 20011 .

2. SCOPE. The AFRH has the requirement for Pharmacy Services for the residents of the AFRH. The contractor must also provide ancillary services required to abide by all state and federal standards and AFRH policies and Operational Instructions. The contractor shall be responsible for ensuring compliance with regard to Pharmaceuticals.

The contractor shall perform in accordance with the terms and conditions stated in this Performance Work Statement (PWS).

The period of performance shall be for a Six-month base period and one 3-month option periods:

Base Period	Option Year 1	52.217-8
July 1, 2026 to Dcemeber 31, 2026	January 1, 2027 to March 31, 2027	April 1, 2027 to August 31, 2027

The contractor shall perform in accordance with the terms and conditions stated in this Performance Work Statement (PWS). Performance may be extended in accordance with the option to extend services under FAR clause 52.217-8, if exercised by the Government.

3. GENERAL DESCRIPTION

3.1. Resident Population. Resident population includes Long Term Care, Memory Support, Assisted Living, Independent Living Plus, and Independent Living. Total estimated population at the Washington Facility is highlighted below. There are no residents covered by Medicare Part A nor does AFRH receive reimbursement for Medicare Part A coverage. Estimated breakout of the population is:

Population	Base Period	Option Year 1
Long Term Care	36	36
Memory Support	24	24
Assisted Living	60	60
Independent Living	410	410
Independent Living Plus	25	25
Total:	555	555

The contractor shall be expected to meet the needs of the residents by providing accurate dispensing of medications. The current average age for population is 85. The average medication per individual is sixteen

3.2. Resident Insurance. Approximately 80 percent of AFRH residents are covered by Tricare, and 95 percent of them are covered by Medicare Part D and Supplemental insurance/other health insurance.(OHI). OHI is any health insurance received through an employer or private insurance program. Any OHI in addition to TRICARE coverage is considered to be the primary health insurance and shall be billed first. At the present time, TRICARE requires that services be requested through primary care physician in order for TRICARE to be billed for services. The contractor shall directly bill the resident's insurance company for reimbursement of services. Resident's insurance companies shall be responsible for payment of services. The Government shall not be responsible for payment and shall not be billed for these services.

3.3. Co-Payments. AFRH will be responsible for co-payments and services for those residents who do not have TRICARE or Other Third-Party Billing Services. The AFRH will identify to the contractor those residents for which AFRH is responsible for payment. (Approximately 10 residents).

3.4. New Resident Screening. The AFRH shall be responsible for the initial screening of new residents to the AFRH and for providing information to the contractor when necessary.

3.5. Professional Codes. The contractor shall be responsible for providing all pharmacy services following all prescribed dictates of their professional and licensure codes as prescribed by the resident's physician.

4. REQUIRED SERVICES

4.1. Insurance. The contractor shall be an approved provider and have a proven ability/record to bill Medicare, Tricare and other supplementary medical insurance. Resident insurance companies shall be responsible for payment of services. The Government is not responsible for payment and shall not be billed for these services except copayments and services for those residents not covered under Medicare, Tricare and other supplementary medical insurance.

The contractor shall provide assurances that AFRH will be the last payer for services not covered by the residents Medicare, Tricare and other supplementary medical insurance. The contractor shall have written policies and procedures that articulate specific procedures personnel shall follow when submitting initial and follow-up claims. Policies shall address the education and training requirements for billing and coding personnel; the risk areas for fraud, waste, and abuse; the integrity of the billing information system; the methodology for resolving ambiguities in the paperwork; and the procedure to ensure duplicate bills are not submitted in an attempt to gain duplicate payment. Specific attention shall be placed on the proper steps the coder will take if unable to locate a code for a documented diagnosis or procedure. The contractor's standards of conduct shall reflect a commitment to the highest quality health data submission, as evidenced by its accuracy, reliability, timeliness and validity. The contractor shall perform regular; periodic audits of AFRH billings by internal or external auditors who have expertise in Federal and State health care statutes, and Federal, State and private payer health care program requirements.

Insurance information and informed consent will be provided to the contractor by AFRH at the time services begin. AFRH will work with residents and/or conservator to ensure the residents fully understand that their private insurance will be billed for services. If the contractor experiences difficulties in obtaining insurance

information, the contractor shall contact the Contracting Officer Representative (COR). In the case of a resident who is under a conservatorship, the AFRH will be responsible for providing insurance information and in assisting with informed consent, where applicable.

The contractor will bill vaccines including the influenza vaccine to the residents' insurance and not AFRH. AFRH will notify the vendor when a resident is admitted to the hospital. In this circumstance the medication should be on hold and AFRH should not be billed when residents are not in the care of AFRH. The contractor shall provide a monthly detailed report including the insurance provider for every resident. AFRH will notify the contractor of any changes or deaths.

The vendor will provide a prompt update regarding all medications that cannot be delivered within a 24-hour period. If the medication is on back order, the vendor must have a way to obtain and deliver the medication within 48 hours (72 hours maximum).4.2. Provide Pharmacy & Related Services as outlined in the Performance Work Statement (PWS).
4.3. Provide a monthly detailed report including the insurance provider for every resident.
4.4. Provide accurate billing services for Tricare and other Third-party payers for reimbursement of services

4.5. **Professional Codes.** The contractor shall adhere to all requirements, regulations, and ethical practices, standards and Licensing requirements for pharmacy services in good standing under their regulatory agency or agencies. The contractor shall fulfill all necessary requirements for credentialing under the rules and regulations of the federal government and maintain licensure as appropriate for pharmacist(s) in good standing and registered in any state in the United States.

4.6. **Dispensing Medication**. Contractors are encouraged to submit alternative packaging so the supply on hand is minimized. (Unit dose is the preferred method of distribution.) The contractor shall deliver medications on an as needed basis. The contractor shall have a local back-up pharmacy, a consultant pharmacist on-call and/or emergency delivery of medications 24 hours a day. The contractor shall provide an acceptable timeframe for delivery of emergency medications for approval. The contractor shall use generic medications whenever possible.

4.7. **Drug Regimens.** The contractor shall have expertise in doing drug regimen reviews.

4.8. **In-Service Training.** The contractor shall have the ability and shall provide in-service staff training for drugs prescribed as requested by the Director of Nursing, Nurse Educator or Designee.

4.9. **Drug Reviews/Medication Pass Reviews.** The contractor shall perform periodic drug reviews and medication pass reviews at the Washington, D.C. facility. Drug reviews and medication pass reviews shall be conducted monthly at the beginning of contract performance. Drug reviews and medication pass reviews shall be in accordance with state, federal and AFRH requirements (monthly). Reports and any additional documentation as required should be provided upon completion of reviews or as requested by AFRH AND OR the COR of record.

4.10. **Meeting Attendance.** The contractor shall be able to attend the Pharmacy & Therapeutic Committee, which meets on a quarterly basis as scheduled. In addition, the contractor should be able to attend meetings on the unit, campus and committee levels as required by AFRH.

4.11. **Formulary.** The contractor shall maintain a current formulary targeted specifically to the geriatric resident. When a medication required by the physician is not included on the formulary, the contractor shall provide an appropriate therapeutic substitute or obtain the prescribed medication as ordered by the physician.

4.12**. Equipment Needs.** The contractor shall supply each facility with adequate medication carts, as necessary (estimated two (2) medication carts and one fax machine or computerized system per floor) to transmit prescription needs. The AFRH will determine the number of carts required based on the packaging system

proposed by the contractor. (A 30-day supply of medication per resident may require more carts than being supplied with a 7-day or 14-Day supply). Serves as the POC to handle all equipment trouble shooting and internet issues and concerns. Replace and repair any equipment within 5 business days.

4.13. **Software Needs (by way of a Subscription).** The contractor shall supply each facility with adequate software that handles the functions 1-8 at a minimal below via Point Click Care software (Third Party).

1. Serve as the POC and handle trouble shooting tickets for each facility for the subscription.
2. **Manage Security**: Data base and assign security role.

3. **Interdisciplinary Admission Process/Move-In Session**: Document throughout the admission process, review of all processes with emphasis and demonstration on QADT, profile tab allergies, and completing initial diagnoses.

4. **Order Entry and Training**: Reconcile medications upon admission, update and enter new orders received and how to choose the correct order type and schedule.

5. **Orders Management and Training**: Reconcile medications upon admission, update and enter new orders received and how to choose the correct order type and schedule.

6. **Orders Administration Process (eMAR)**: Document administration of medications and treatments to residents, and how to reconcile supplies received from the pharmacy.

7. **Orders Portal Management**: Monitor and manage the Orders Portal, link supply messages, and reorder medications.

8. **Manager's (Orders Portal Review, Dashboards, Reports)**: Conduct daily workflows to help manage compliance, alerts, and identify trends through review of the Dashboards, Portals and Reports.

9. **EHR Transition Support**.
   (a) Cooperation (within base/option pricing). The Contractor acknowledges that AFRH may transition to MHS GENESIS and/or a Hybrid DOD-VA Federal EHR System during the period of performance. As part of its routine performance under this contract, the Contractor shall cooperate with such a transition at no additional cost, including: participating in transition planning sessions; providing AFRH and its designated system integrator timely access to, and exportable copies of, resident medication and dispensing data maintained by the Contractor; coordinating with the gaining system; and provisioning and de-provisioning its own personnel accounts.
   (b) Transition Services (Optional CLIN). Substantive transition services are established as a separately priced optional CLIN (see Section B, CLIN [XXXX]). Such services include but are not limited to interface development or modification, data conversion or migration beyond standard export, establishment of EPCS capability, workforce credentialing and associated onboarding, and parallel-system operation during cutover. The Government may exercise this CLIN, in whole or in part, by written modification at any time during the period of performance. The Contractor shall not perform, and shall not be entitled to payment for, any services under this CLIN absent a Contracting Officer modification exercising it.
   To the extent Contractor personnel are required to access MHS GENESIS or any Federal EHR component to perform under this contract, such personnel shall:
   - Possess favorably adjudicated suitability at the level required for the applicable system access, including any background investigation tier determined by the Government, in addition to the NAC and Public Trust requirements stated above;
   - Obtain and continuously maintain a PIV or CAC as directed by AFRH;

- Hold a valid MHS GENESIS or Federal EHR user account and comply with applicable access and authentication requirements; and
- Complete all Government-required system-access and role-based training prior to being granted access.

The Contractor shall identify personnel requiring such access sufficiently in advance of any Federal EHR access-activation event to allow time for adjudication and account provisioning, and shall initiate account deactivation for any departing or reassigned employee within one (1) business day of the personnel change.

Workforce credentialing and onboarding effort associated with a Federal EHR transition is priced and ordered under the optional CLIN; the obligation of personnel to obtain, maintain, and comply with the access requirements stated herein is a requirement of routine performance.

(c) Pricing. The optional CLIN shall be priced on the basis of the fully burdened labor rates the Contractor provides for the base and each option year. Upon the Government's issuance of a defined statement of work for transition services, the Contractor shall submit, within [10] business days, a firm price proposal calculated from those established rates for the Government's review and acceptance prior to exercise.

4.14. **Emergency Dispensing System.** The contractor shall provide an emergency /back-up system (via an electronic dispense system). The contractor shall audit the electronic dispensing system every month to ensure compliance AND provide an accurate list of medications to the assigned COR of record. Emergency Boxes will be provided monthly and PRN upon use or before an item expires in the box.

4.15. **Regulations.** The contractor shall meet all state and federal regulations and AFRH policies.

4.16. **Standards.** This is not a personal service contract. However, the contractor, although in fact not a Government employee, shall comply with Executive Order 1 122, May 8, 1965, "Prescribing Standards of Ethical Conduct for Government Officers and Employees," and shall also comply with regulations implementing this Executive Order. Additionally, the contractor shall comply with all safety practices, vehicle registration, speed limits and any other AFRH regulation and policy applicable to conduct patient care.

4.17. **Pre-Authorizations.** All pre-authorization forms must be completed by the contractor and not AFRH. Any denials, delays, or concerns arising during the pre-authorization process shall be addressed and corrected immediately by the contractor to prevent interruption of care.

4.18. **Project management**.

• Contractor shall understand that this project manager position and or alternate shall at no time be vacant.

• Contractor shall understand that the COR is not responsible for managing daily operations of this contract/pharmacy.

• Contractor shall understand that the project manager and or alternate is responsible for the performance of the work of this contract/mailroom. This is the responsibility of a project manager and or alternate.

A designated project manager and or alternate must be assigned to this contract.

• Contactor shall provide in writing the name and contact information of the full-time primary project manager and or alternate NLT 10 calendar days after contract award and or modifications and NLT 2 calendar days prior to any change in personnel, absence and sent to the COR, COR supervisor, and CO in accordance with this contract.

• The Project Manager or alternate shall have full authority to act on all contract matters related to daily operations of this contract/pharmacy.

• Contractor shall understand the agency COR will not backfill in the absent of a project management and or alternate of this contract/pharmacy.

5. **DUTY HOURS.** The contractor shall be available to provide services 24 hours per day, 7 days per week. During reviews, surveys, and inspections by external groups or organizations (TJC, CARF, DHA, and DOD IG etc.), the contractor may be required to accommodate the reviews' schedules at the facility or via telephone conference (whichever is necessary).

6. **AFRH RESPONSIBILITIES.** AFRH nursing personnel will place orders for medications via fax or computerized medical ordering system. Nursing personnel will provide the necessary information to the contractor in order to ensure orders are filed in a timely manner.

7. **SERVICES NOT COVERED BY MEDICARE/TRICARE/SUPPLEMENTAL INSURANCE WILL BE PAID BY THE AFRH.** Approximately 80 percent of AFRH residents are covered by TRICARE, and 95 percent of our residents are covered by Medicare, Medicare Part D, and Supplemental insurance/other health insurance (OHI). OHI is any health insurance received through an employer or private insurance program. Any OHI in addition to TRICARE coverage is considered to be the primary health insurance and shall be billed first. Like TRICARE, Medicare is a federal entitlement, and cannot be dropped like other private health plans. While Medicare does pay before TRICARE, it is considered to be OHI. Each resident's Medicare and OHI will be billed first, TRICARE will pay last.
Services not covered by insurance will be covered by the AFRH. The contractor shall provide a list of the required services indicated above, not normally covered under insurance with their proposal for providing services. Co-insurance will be paid last by AFRH.

8. **PERSONNEL QUALIFICATIONS.** The contractor shall provide personnel having the following minimum levels of professional and technical experience. The specialized experience included as part of the required qualifications shall have been obtained in the fields of endeavor indicated by the following labor categories.

- Pharmacist(s) licensed in the State of contract performance (Washington, DC)
- Registered Nurse licensed in the State of contract performance (Washington, DC)
- Minimum of an RPI-I or Doctorate RPI-I degree from a nationally recognized college or university covering such degree in Pharmacy.
- The Registered Nurse must have an RN/BS degree.
- A current unrestricted pharmacy license to practice in the state/district of the United States where the services are being performed. The contractor shall be responsible for complying with all state, federal, local and AFRH requirements.

9. **HEALTH REQUIREMENT.** Contractor personnel performing services at AFRH under this contract shall be free of communicable disease. A purified protein derivative test for tuberculosis (PPD) shall be required. If the PPD is negative, a Chest X-ray shall not be required. If the PPD is positive, a Chest X-ray shall be required. The contractor shall submit documentation of passed procedures. The contractor shall pay the expenses for all physical examination/tests required under the provisions of this contract.

Contractor personnel must also show proof of current influenza vaccination each influenza season. Personnel who do not receive the influenza vaccine shall be required to wear a mask at all times while on the AFRH campus during the entire influenza season.

10. **LITIGATION PROVISION.** If the contractor's health care providers who are providing services under this contract have pending litigation or administrative proceedings that may affect his or her licenses to practice pharmacy services or his/her standing as a fellow/member in a professional organization, full disclosure must be provided to the Contracting Officer within five (5) days upon his/her notification by the judicial or administrative form.

If it is determined by the medical legal review that the standard of care has not been met, or there is substantial evidence of negligence on the part of the contractor or Contractor's personnel, regardless of the final judicial decision, this contract may be terminated at the discretion of the AFRH.

11. **INFORMATION SHARING.** Sharing of resident medical information at AFRH shall follow all Health Information Portability and Accountability (HIPPA) regulations. See Attachment A - HIPAA REGULATIONS.

12. **AFRH RULES & REGULATIONS.** Contractor personnel visitation on site shall observe and comply with all rules and regulations prescribed by the installation authorities concerning fire, safety, sanitation, security, possession of firearms, or other lethal weapons. The CO or COR will provide copies of applicable local regulations or documents to the contractor upon request.

12.1 **Employee Qualifications.** The contractor's personnel performing work under this PWS shall remain employees of the contractor and shall not be considered employees of the Government. Contractor employees working under this contract shall be citizens of the United States and possess the ability to fluently read, speak, write and understand English.

12.2 **National Agency Check (NAC).** All Contractor employees are required to undergo background security investigations to ensure suitability for employment with a Federal entity. At a minimum, criminal background checks shall be conducted for Maryland, the District of Columbia, Virginia and any state where the prospective employee has resided for at least seven years. The contractor shall provide the COR and CO a security investigation summary for each Contractor employee working on AFRH. The Government is authorized to restrict access, if a Contractor employee is identified as a potential threat to the health, safety, general welfare, or operational mission of AFRH and its residents.

12.3 **Background Checks.** Successful adjudication of a Public Trust Position Background Check is applicable to Contractors Public Trust position. These positions have the potential for adverse impact on either integrity and/or efficiency of the mission. High-Risk positions have the potential for moderate to serious impact on the organization's mission. These positions do not require a security clearance, but they do require a background investigation to determine an employee's suitability to occupy the position. Public Trust positions require the completion of Standard Form (SF) 85P, Questionnaire for Public Trust Positions.

Contractor personnel shall be free of any felony convictions and any misdemeanor convictions that are directly related to the performance of security related duties. Examples include but are not limited to assault/battery, domestic violence, fraud swindles, drug violations, or criminal offense, which pose a risk to the safety and security of the AFRH.

12.4 **Replacement of Contractor Employees for Security Reasons.** The government retains the right to request removal of the contractor's employees, regardless of prior clearance or background investigation (BI) adjudication status, whose actions clearly conflict with the interest of the Government. Upon the determination by the CO that a Contractor employee should be removed. The contractor must remove the contractor's employee immediately after notification and shall provide replacement within five days. New hires or substitutions of employees are subject to the same BI requirements.

12.5 **Employee Badges/Parking.** Contractor employees shall visibly display Government furnished identification badges on their person in accordance with the AFRH procedures. All Contractor employees shall comply with parking procedures published for the AFRH. Contractor employees shall return identification

badges, keys, and parking and vehicle IDs to the AFRH security immediately upon termination of employment or completion of the contract.

12.6 **Motor Vehicle Traffic Regulations.** Contractor employee's operating motor vehicles, at AFRH shall possess a valid driver's license. Driver and vehicle permits, licenses, registrations and proof of insurance shall be maintained in the vehicle at all times, and made available upon request. Contractor employees shall comply with the District of Columbia laws requiring seat belts be worn at all times. Contractor employees shall adhere to the posted speed limits. Speed limits on AFRH grounds are 15mph unless otherwise posted. Only 5mph is permitted when AFRH residents are present. Contractor employees driving a motor vehicle on AFRH grounds cannot use a cell phone unless the vehicle is safely parked, or the driver is using a hands-free device.

12.7 **Conflict of Interest.** The Contractor shall not employ off-duty COR's or other Government employees if such employment would create a conflict of interest or be contrary to the policies contained in conflict of interest directives utilized by the AFRH and its entities.

12.8 **Non-Payment for Additional Work.** Any additional services or a change to work specified which may be performed by contractor, either at its own violation or at the request of any individual other than a duly appointed CO, except as may be explicitly authorized in the contract, will be done at the financial risk of the contractor. Only a duly appointed CO is authorized to bind the Government to a change in specifications, contract terms, or conditions.

13. **Quality Control.** The contractor shall establish and maintain a Quality Control Program (QCP) to ensure the work performed conforms to contract requirements. The contractor shall submit the QCP with their proposal for review and approval. The Performance Requirements Summary (PRS, see 15. below), establishes performance thresholds that are the minimum requirements for acceptable performance of tasks required of this PWS. The contractor's QCP shall also address methods for remedying poor performance.

14. **Quality Assurance.** The COR will monitor the contractor's performance under this contract using the quality assurance procedures specified in the Government's Quality Surveillance Plan (QASP). The QASP will be modified after contract award and review/acceptance of the contractor's QCP to ensure both plans are mutually supportive.

15. **Performance Reports and Meetings.** The Contractor shall supply the Government monthly reports to the COR to ensure satisfactory performance in accordance with the PWS. These reports shall include remedies for any issues that arise throughout the each month for a total of 12 reports per year. Additionally, the Government and Contractor representatives shall meet either on site or via telephone conferencing, as mutually agreed-to by the Government and the Contractor at a min of once a month.

16. **Management.** The Contractor shall manage the total effort associated with the services contained herein and must ensure adequate and timely completion of work. Management includes: planning, scheduling, cost accounting, report preparation, establishing and maintaining records, and quality control. The Contractor shall ensure satisfactory performance of the required work.

17. **Status Reports**. The Contractor shall submit monthly status reports to the COR in regards to task (required services) 4-9 in the PWS.

18. **PERFORMANCE REQUIREMENTS SUMMARY (PRS).** The contractor service requirements are summarized into performance objectives that relate directly to the mission essential items. The performance threshold briefly describes the minimum acceptable levels of service required for each requirement. These thresholds are critical to mission success.

19. **Methods of Surveillance.** – Random Inspection. This method employs a "spot check" style of inspection and may be adjusted, based on quality trends. The Government retains the right to inspect all requirements of the contract. Unacceptable performance will be recorded and the Contractor shall be required to correct the unacceptable condition within a 24-hour time period. If the Contractor does not correct the unacceptable condition within 24-hours, the COR will notify the Contracting Officer who will take appropriate administrative action for unacceptable performance.

20. **Methods of Surveillance** - Customer Complaints. The COR will validate all customer complaints. The CO will make final determination on the validity of customer complaint(s) in cases of disagreement between the COR and the contractor. Validated customer complaints will be rectified within 24 hours. If the contractor fails to recognize a valid customer complaint, the CO will take appropriate administrative action. Government-caused complaints/defects shall not negatively impact the Contractor's performance evaluation. Validated customer complaints and all COR periodic surveillance documentation will be used to support contractor performance ratings in the Contractor Performance Assessment Reporting System (CPARS).

The contractor's satisfactory re-performance of services shall be at no additional cost to the Government and shall not remove the status of the validated customer complaint as it applies to the performance thresholds in the PRS.

21. **Performance Evaluation.** This contract is subject to a performance evaluation to be placed in the contract file at the end of each contract period and at contract completion.

Task#	Required Service	Performance Standard	Monitoring Method	Incentive/ Disincentive
4.1.	Provide Pharmacy & Related Services as outlined in the Performance Work Statement (PWS).	99 Percent Perform services in accordance with state, federal & AFRH standards (National error rate is less than 1%.)	Monthly Inspection	Positive or Negative Past Performance Evaluation
4.2.	Provide an accurate monthly detailed report including the insurance provider for every resident.	12 of 12 Months	Monthly Inspection	Positive or Negative Past Performance Evaluation.
4.3.	Provide accurate billing services for Tricare and other Third-party payers for reimbursement of services	99 Percent Perform services in accordance with the Performance Work Statement	Monthly Inspection	Positive or Negative Past Performance Evaluation

4.4.	Provide updates regarding any medications that cannot be delivered within a 24 hour period and must obtain and deliver the medication within 48 hours (72 hours maximum).	99 Percent Perform services in accordance with the Performance Work Statement	Monthly Inspection	Positive or Negative Past Performance Evaluation
4.5.	**Professional Codes** Fulfill all necessary equirements for credentialing under the rules and regulations of the federal government and maintain licensure as appropriate for pharmacist(s) in good standing and registered in any state in the United Sates.	99 Percent Perform services in accordance with the Performance Work Statement	Monthly Inspection	Positive or Negative Past Performance Evaluation
4.6.	**Dispensing Medication** The Contractor shall submit alternative packaging methods that minimize the supply on hand. Unit-dose packaging is the preferred method of distribution. The Contractor shall deliver medications on an as-needed basis. The Contractor shall maintain a local back-up pharmacy, provide a consultant pharmacist on call, and ensure the emergency delivery of medications 24 hours per day. The Contractor shall propose an acceptable timeframe for the delivery of emergency medications for Government approval.	99 Percent Perform services in accordance with the Performance Work Statement	Monthly Inspection	Positive or Negative Past Performance Evaluation
4.7.	**Drug Regimens, In Service Training, Drug Reviews/Medication Pass Reviews, Meeting Attendance, Formulary.** The reviews, regimens, in-service training outlined in 4.4, 4.5 and 4.6. are to be delivered electronically. The reports shall meet the requirements as outlined in each section above. The Staff shall attend and participate in the In-service Training described in 4.5.	99 Percent Perform services in accordance with the Performance Work Statement	Monthly Inspection	Positive or Negative Past Performance Evaluation

4.8.	**Equipment Needs; Emergency Dispensing System; Regulations, Standards AND Pre Authorizations.** The Contractor shall supply each facility with adequate medication carts, the equipment shall meet all the requirements outlined in 4.9. The Emergency Dispensing Systems shall meet all the requirements outlined in 4.10. The Contractor shall meet all state and federal regulations and AFRH policies. All pre-authorization forms must be completed by the contractor and not the AFRH staff.	99 Percent Perform services in accordance with the Performance Work Statement	Monthly Inspection	Positive or Negative Past Performance Evaluation
4.9.	**Software Needs (by way of a Subscription).** The contractor shall supply each facility with adequate software that handles the functions 1-8 at a minimal in the PWS via Point Click Care Software (Third Party).	99 Percent Perform services in accordance with the Performance Work Statement	Monthly Inspection	Positive or Negative Past Performance Evaluation